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MADISON, NJ	0/940	3 . 31	ender der Steine der				(Depositor's name)	
							(Signature)	
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTO	ORNEY DOCKET NO.	CONFIRMATION NO.	
10/585,050	06/29/2006		Susan Kay Hoiseth			AM100240	7930	
TOLERABILITY  APPLN. TYPE	ON: FORMULATIONS  SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DI		ID ISSUE FEE	TOTAL FEE(S) DUE		
nonprovisional	NO NO	\$1510	\$300	JE TREV. FA		1		
		ART UNIT	1	_	\$0	\$1810	09/21/2009	
L	EXAMINER		CLASS-SUBCLASS					
SWARTZ, RODNEY P  1. Change of correspondence address or indication of "		1645	424-278100  2. For printing on the	-				
Change of correspondence address (or Change of Correspond Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cust Number is required.			or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI	less an assignee is identi th in 37 CFR 3.11. Comp			e patent. If a an assignmen			ocument has been filed for	
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Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individua	Corporati	ion or other private gro	up entity Government	
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	s SMALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no l	onger claimin	g SMALL EN	ГІТҮ status. See 37 CF	FR 1.27(g)(2).	
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Authorized Signature	Kellyns	ullivan		Date _	9/18/	109		
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PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

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